

DECATUR TOWNSHIP
PO BOX 33 DECATUR, MI 49045
COMBINATION APPLICATION

Land division questions: Ben Brousseau 269-655-1144 ben.apgllc@gmail.com

Zoning questions: OJ Hamilton 269-423-6329 hamiltonorvillej@yahoo.com

Return completed application with all attachments to the Township for processing.

ALL QUESTIONS MUST BE ANSWERED AND ALL ATTACHMENTS INCLUDED FOR PROCESSING OF THIS APPLICATION. THIS FORM IS DESIGNED TO COMPLY WITH APPLICABLE ZONING, LAND DIVISION ORDINANCES AND PA 591 OF 1996 AND PA 87 OF 1997.

IN THE BOX LISTED BELOW, PRINT WHERE YOU WANT THIS FORM SENT WHEN COMPLETE

_____	NAME
_____	ADDRESS
_____	CITY, STATE, ZIP
_____	EMAIL

\$ 150.00 **APPLICATION FEE** – THE FEE IS \$ 150.00 FOR EACH COMBINATION. FEE IS NON-REFUNDABLE FOR VOID OR DENIED APPLICATIONS. PAYABLE TO THE TOWNSHIP.

1. PARCEL ID#'S OF ALL PARCELS TO BE COMBINED. PROPERTIES MUST BE UNDER THE IDENTICAL OWNERSHIP TO BE COMBINED:

2. PROPERTY OWNER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: (____) - _____ - _____ EMAIL: _____

3. ATTACHMENTS: (ALL ATTACHMENTS **MUST** BE INCLUDED FOR APPLICATION TO BE PROCESSED). LETTER EACH ATTACHMENT AS SHOWN HERE. LABEL EACH LEGAL DESCRIPTION TO CORRESPOND WITH SURVEY.

A. A SURVEY OR MAP/DRAWING OF PARENT PARCEL DRAWN TO A SCALE OF 1"=20', 1"=50', 1"=100', 1"=200', 1"=400', OR 1"=1000'. THE SCALE USED SHALL BEST REPRESENT THE PROPERTY AND IMPROVEMENTS. IF A MAP/DRAWING IS SUBMITTED THE FORTY-FIVE (45) DAY TIME LIMIT IS WAIVED. THE ZONING ADMINISTRATOR MAY REFUSE ANY MAP/DRAWING. THE SURVEY OR MAP/DRAWING WILL INCLUDE THE FOLLOWING:

1. THE LABELED PROPOSED COMBINATION.
2. DIMENSIONS AND ACREAGE OF THE PROPOSED COMBINATION.
3. SCALED LOCATION OF ANY IMPROVEMENTS (BUILDINGS, WELLS, SEPTIC SYSTEMS, ETC.).

B. A LEGAL DESCRIPTION FOR THE PARCEL ONCE COMBINED WITH DIMENSION AND ACREAGE.

AFFIDAVIT – I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL WILL BE VOID. FURTHER I AGREE TO COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS COMBINATION. FURTHER I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY WHERE THIS PARCEL COMBINATION IS REQUESTED FOR PURPOSES OF INSPECTION TO VERIFY THAT THE INFORMATION ON THE APPLICATION IS CORRECT AT A TIME MUTUALLY AGREED WITH THE APPLICANT. I UNDERSTAND THIS IS ONLY A PARCEL COMBINATION WHICH CONVEYS ONLY CERTAIN RIGHTS UNDER THE APPLICABLE LOCAL LAND DIVISION ORDINANCE, THE LOCAL ZONING ORDINANCE, AND THE STATE LAND DIVISION ACT AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUTE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTION OR OTHER PROPERTY RIGHTS. TOWNSHIP LAND COMBINATION APPROVAL IN NO WAY GUARANTEES THE ISSUANCE OF A BUILDING PERMIT. I REALIZE THAT THE OWNER SPLITTING THE ORIGINAL PROPERTY CAN ASSIGN FUTURE DIVISIONS REMAINING TO SPECIFIC PARCELS. IF NO LOCATION OF THESE “LEFTOVER” SPLITS IS DESIGNATED THEY ARE AUTOMATICALLY ASSIGNED TO THE REMAINING PARENT PARCEL CREATED [SEE SECTION 109(2) OF THE STATUTE. MAKE SURE YOUR DEEDS INCLUDE BOTH STATEMENTS AS REQUIRED IN SECTION 109(3) AND 109(4) OF THE STATUTE]. I ALSO REALIZE THAT TAXES MUST BE PAID IN FULL ON THE PARENT PARCEL FOR THE DEEDS TO BE RECORDED AND THE SPLIT TO BE PROCESSED AT THE COUNTY LEVEL AND THAT I MUST SUPPLY RECORDED OR UNRECORDED DOCUMENTS TO THE TOWNSHIP TO FINALIZE THE COMBINATION.

*****All land divisions, lot line adjustments and combinations are completed for the assessment roll the year after approval to ensure proper appeal rights. This approval will need to be given to all individuals involved in the process including realtors and title agents. The Township does not calculate mid-year tax pro-rations. This is an agreement between buyer and seller or handled by a title company.**

PROPERTY OWNER'S SIGNATURE

DATE

OFFICE USE ONLY, PLEASE DO NOT MARK IN BOXES BELOW.

PARCEL ID#(S) _____

OF SPLITS ALLOWED BY STATUTE _____ # OF SPLITS REQUESTED BY APPLICANT _____

_____ **APPROVED:** CONDITIONS, IF ANY _____

_____ **DENIED:** REASONS _____

SIGNATURE – TOWNSHIP ASSESSOR

DATE

SIGNATURE – ZONING OFFICIAL

DATE